

Exhibit 31

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 8/7/2024

Date IAC Received 1824: 8/5/2024

1824 Log Number: 603586

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: E2 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED], Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Assistance Principal [REDACTED], Chief Medical Examiner [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges missing pill call and appointments due to difficulty hearing announcements; Inmate reports difficulty seeing and reading which causes headaches and blurry vision; Inmate requests a vibrating watch, with large numbers and a pocket pen reader which will read digital screens.

Interim Accommodation:

☒ No interim accommodation required: You are safely accessing Programs, Services, and Activities (PSA)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate alleges missing pill call and appointments due to difficulty hearing announcements; Inmate reports difficulty seeing and reading which causes headaches and blurry vision; Inmate requests a vibrating watch, with large numbers and a pocket pen reader which will read digital screens.

Response: On 8/7/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids and a pocket talker.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating review of Medication Administration Record form 7/1/2024-8/5/2024 shows you have 3 scheduled medications; Trazodone and Vilazodone are both once a day at bedtime, and Eliquis is scheduled twice a day (AM and PM). Trazodone bedtime med was taken daily by you except on 7/23/2024. Vilazodone bedtime med order started on 7/21/2024 and you refused this medication on 7/22/2024-7/27/2024, 7/29/2024, and no show on 7/30/2024. Eliquis (AM and PM) was ordered from 7/11/2024-7/22/2024; you received the dose of this medication only 6 times on 7/11/2024-7/14/2024 and 7/20/2024-7/21/2024, all AM dose was marked as refused and no show Eliquis was made Keep on Person (KOP) on 7/23/2024 and you received this KOP Eliquis on 7/23/2024. You only have one missed medical appointment on 7/19/2024 with physical therapy and it was refused due to you being in school and you are requesting to have an MRI first before doing physical therapy. You are scheduled for onsite MRI of your knee on 9/10/2024. Per chart review you arrived at SATF on 4/2/2024. Your last Optometry evaluation on 10/11/2017 showed your aided visual acuity with prescribed correction is 20/20 in the right eye and 20/25+ in the left eye. You are scheduled with Optometry on 8/28/2024 for and evaluation and request for new eyeglasses.

Based on the criteria for and evaluation from medical along with consideration by the RAP a vibrating watch and reader is not required for your access to PSA's.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate: SEP 03 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 603586	DATE RECEIVED BY STAFF: CSATF OFFICE AUG 05 2024 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT DRP (M/W/F)
HOUSING E2- [REDACTED]		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? -I am missing Pill Call and Appointments. -I have difficulty seeing and reading, reading is the most difficult; I can read for very short periods of time, but it gives me a headache and the words tend to get blurry.		
WHY CAN'T YOU DO IT? -I do not always hear the announcements due to DNH. I do wear my hearing aids, but they don't always help. -I wear glasses but have a stigmatism in my left eye which prevents full correction of sight, also my glasses are about 4-5 years old.		
WHAT DO YOU NEED? -I would like a vibrating alarm watch, preferably with big numbers as I am vision impaired. -As stated above, I would like the watch to also have larger numbers so that I can see the time, I also need a new eye exam so that I can get new glasses. (An example: Please refer to MaxiAIDS catalog item#: 908000 "VIBRALITE 8 WATCH.") -I would like a "Rocket Pen Reader" which magnifies words, as well as speaks the words, it is able to read digital screens, such as the Tablets. (Please refer to MaxiAIDS catalog item#: 200042 "ROCKET PEN READER".) An alternative option to the Rocket Pen Reader would be-->> (Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: _____ _____		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
INMATE'S SIGNATURE _____ Assistance in completing this form was provided by: _____		DATE SIGNED _____ _____
Last Name	First Name	Signature

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (Rev. 09/17)

CONTINUED FROM OTHER SIDE

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 1003566	DATE RECEIVED BY STAFF: CSATF OFFICE AUG 05 2024 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	CDCR NUMBER <div style="background-color: black; width: 50px; height: 1.2em; margin-top: 5px;"></div>	ASSIGNMENT DRP (M/W/F)
HOUSING E2- <div style="background-color: black; width: 30px; height: 1.2em; margin-top: 5px;"></div>		

INSTRUCTIONS: **CONTINUED FROM OTHER SIDE**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

WHY CAN'T YOU DO IT?

WHAT DO YOU NEED?

the "Clover 6HD" (Please refer to MaxiAIDS catalog item# 607694 "CLOVER 6HD".) This device is portable and lightweight.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes ☒ No ☐ Not Sure ☐

List and attach documents, if available:

Please see Medical File.

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

August 3, 2024
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 603586

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 08 / 05 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED]
Person Completing Step 1

AGPA

Title

Signature

08 / 05 / 24
Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 08 / 05 / 24

Due back to IAC: 08 / 06 / 24

Returned to IAC: 08 / 06 / 24

Assigned to: FACILITY E

Title: COMP SGT

Information needed: PLEASE INTERVIEW HOUSING UNIT STAFF TO DETERMINE I/M'S ACCESS TO PSA'S AND RESPONSE TO ANNOUNCEMENTS.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: I (Sgt [REDACTED]) observe [REDACTED] accessing PSA's daily

Staff Interviewed: C/O [REDACTED] Title: Officer Interview date: 8 / 6 / 24

Interviewer Notes: [REDACTED] states [REDACTED] does access PSA's. The building has an ADA caregiver go cell to cell to assist with announcements.

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: FORWARD TO HC FOR INPUT REGARDING APPT ATTENDANCE AND MED ADMINISTRATION. PURSUANT TO CDCR MEMO ISSUANCE OF VIBRATING WATCHES AS A REASONABLE ACCOMMODATION FOR PERMANENT HEARING-IMPAIRED, IMPACTING PLACEMENT INCARCERATED PERSON DATED 06/03/2024. ALL PERSONS NOT DESIGNATED DPH MAY

Notes: PURCHASE A VIBRATING WATCH FROM ANY DEPARTMENTALLY APPROVED AUTHORIZED PERSONAL PROPERTY PACKAGE VENDOR AS A PART OF THEIR QUARTERLY PACKAGE ORDER IN KEEPING WITH TITLE 15 AND THE AUTHORIZED PERSONAL PROPERTY SCHEDULE. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH AND IS ACCOMMODATED WITH HEARING AIDS AS WELL AS A POCKET TALKER

Interviewer (Print Name)

Title

Signature

Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 603586

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

☐ An Interim Accommodation **IS NOT required**.

Reason: _____

☐ An Interim Accommodation **IS required**.

Reason: _____

Accommodation(s) provided:

Date provided:

____/____/____

____/____/____

____/____/____

Comments: _____

[REDACTED]

AGPA

Title

Signature

08 / 06 / 24

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

DPP Disability/Accommodation Summary

Monday August 05, 2024 02:52:02 PM

As of: 08/05/2024

**OFFENDER/PLACEMENT**

CDC #: [REDACTED]
Name: [REDACTED]
Facility: SATF-Facility E
Housing Area/Bed: E 002 [REDACTED]
Placement Score: 19
Custody Designation: Medium (A)
Housing Program: Non-Designated Program Facility
Housing Restrictions: Ground Floor-No Stairs
Lower/Bottom Bunk Only
Physical Limitations to Transport Vehicle with Lift
Job/Other: Special Cuffing Needed
Lifting Restriction- Unable to Lift more than 19 Pounds
Permanent - 12/31/9999
EOP Accommodation
Recommendations:

DISABILITY ASSISTANCE

Current DDP Status: NCF
DDP Adaptive: None
Support Needs:
Current DDP Status Date: 04/19/2017
DDP Codes: DNH
DPP Determination Date: 01/11/2024
Current MH LOC: CCCMS
Current MH LOC Date: 06/26/2017
SLI Required: No
Interview Date: 07/15/2024
Primary Method(s) - Need Staff to Speak Loudly and Clearly
Hearing:
Alternate Method - Hearing: Hearing Aids
Non-Formulary ALTERNATE EC METHOD CHANGED FROM READ LIPS TO
Accommodations/Comments: HEARING AIDS PER 1824# 590246
Learning Disability:
Initial Reading Level: 12.0
Initial Reading Level Date: 01/30/2024
Durable Medical Equipment: Hearing Aid
Eyeglass Frames
Hearing Impaired Disability Vest
Incontinence Supplies
Other (Include in Comments)
Urologic Supplies
Walkers
Languages Spoken:

IMPORTANT DATES

Date Received: 12/13/2023
Last Returned Date:
Release Date: 06/27/2026
Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
Work Group: A1
AM Job Start Date: 04/29/2024
Status: Reentry
Position #: CB2.004.001
Position Title: E DRP CB2-1 VOC RM 108
Regular Days On: Monday, Wed, Friday (08:15:00 - 10:15:00)

Disability Verification Process (DVP)
Assignment
 SIDE 2

INMATE'S NAME (Print)

CDCR 1824 LOG NUMBER

603586

CDCR NUMBER

 The DVP Assignment is a request for information by the
 RAP so a decision can be made regarding a CDCR 1824

SECTION 2 – DVP ASSIGNMENT - To be completed by the ADAC during the RAP (when needed)

The ADAC may initiate Steps 2 and 3 when additional information is needed regarding a CDCR 1824 request.

Date assigned: 08 / 07 / 24

Date Due back to RAP: ____ / ____ / ____

Assigned to: G. Ugwueze, MD

Title: CME

 Type of Review: ☒ Health care review ☐ Mental Health review ☐ Learning disability review
Information Requested by RAP:

Patient's request for an eye exam and request for new eyeglasses

Note: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

SECTION 3 – DVP ASSIGNMENT FINDINGS
☐ File Review conducted. Documents obtained:

☐ CDCR 1845 dated: ____ / ____ / ____

☐ CDCR 7410 dated: ____ / ____ / ____

☐ CDCR 128-C2 dated: ____ / ____ / ____

☐ CDCR 7536 dated: ____ / ____ / ____

☐ CDC 7221-DME dated: ____ / ____ / ____

☐ CDCR 128-C3 dated: ____ / ____ / ____

☐ CDCR 7386 dated: ____ / ____ / ____

☐ CDCR 7388 dated: ____ / ____ / ____

☐ Other: _____ dated: ____ / ____ / ____

☐ Other: _____ dated: ____ / ____ / ____

☐ Evaluation (exam/interview) conducted. Date seen: ____ / ____ / ____

 Disability indicated: ☒ Yes ☐ No ☐ Unable to Determine

Summary of findings: DPP: DNH

 DME: disability vest, eyeglasses, hearing aid, incontinence supplies, urologic
 supplies, temporary walker

 Summary of limitations: lifting restriction, special cuffing, transport vehicle with lift, bottom bunk, ground
 floor- no stairs

 Comments: Per chart review, the patient arrived at SATF on 4/2/2024. The patient's last Optometry
 evaluation on 10/11/2017 showed patient's aided visual acuity with prescribed correction is
 20/20 in the right eye and 20/25+ in the left eye. The patient is scheduled with Optometry on
 8/28/2024 for an evaluation and request for new eyeglasses.
Section 3 Completed by: *[Signature]*

Date completed: 08 / 27 / 2024

Disability Verification Process (DVP)
Worksheet
 SIDE 1

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 603586
CDCR NUMBER [REDACTED]	

INSTRUCTIONS

- A SME Shall **COMPLETE SECTION 1** prior to or during the **INITIAL** RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review: ☒ Health care review ☐ Mental Health review ☐ Education / learning disability review
☐ Other review: _____

☐ File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7536 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7386: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

☐ Recently evaluated for this issue. Date seen: ___/___/___

☐ Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: ☒ Yes ☐ No ☐ Unable to Determine

DPP: DNH

Summary of findings: DME: disability vest, eyeglasses, hearing aid, incontinence supplies, urologic supplies, temporary walker

Summary of limitations: lifting restriction, special cuffing, transport vehicle with lift, bottom bunk, ground floor- no stairs

Comments: Review of Medication Administration Record from 7/1/2024-8/5/2024 shows patient has 3 scheduled medications; trazodone and vilazodone are both once a day at bedtime, and Eliquis is scheduled twice a day (AM and PM). Trazodone bedtime med was taken daily by the pt except on 7/23/24. Vilazodone bedtime med order started on 7/21/2024 and pt refused this medication on 7/22/24-7/27/24, 7/29/24, and no show on 7/30/24. Eliquis (AM and PM) was ordered from 7/11/24-7/22/24; the pt received the PM dose of this med 6x only on

7/11/24-7/14/24 and 7/20/24-7/21/24, all AM dose was marked as refused and no show. Eliquis was made KOP on 7/23/24 and the pt received his KOP Eliquis on 7/23/24. The pt only has one missed medical appointment on 7/19/24 with Physical Therapy and it was refused by the pt due to being in school and pt is requesting to have an MRI first before doing Physical Therapy. Pt is scheduled for onsite MRI of his knee on 9/10/2024

Signature of Subject Matter Expert

Date Signed

Exhibit 32

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 7/17/2024

Date IAC Received 1824: 7/10/2024

1824 Log Number: 590266

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: G3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED], Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED], Compliance Lieutenant [REDACTED], Chief Physician and Surgeon Dr. W. Kokor,

Summary of Inmate's 1824 Request: Inmate reports his hearing aids were lost during a transfer and reports awaiting an appointment with the hearing specialist; Inmate reports previously requesting a replacement pocket talker but believes there was a miscommunication; Inmate reports difficulty hearing announcements; Inmate requests a replacement pocket talker, and a vibrating watch.

Interim Accommodation:

☒ No interim accommodation required: You were issued a pocket talker in a 1:1 exchange on 7/11/2024.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports his hearing aids were lost during a transfer and reports awaiting an appointment with the hearing specialist; Inmate reports previously requesting a replacement pocket talker but believes there was a miscommunication; Inmate reports difficulty hearing announcements; Inmate requests a replacement pocket talker, and a vibrating watch.

Response: On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 7/11/2024, you were issued a pocket talker in 1:1 exchange.

The RAP considered your request for a vibrating watch, and you were disapproved for a vibrating watch. Per CDCR memo, "Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement", Incarcerated Person, dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

If you do not understand an announcement, you are encouraged to make contact with staff, peer, or ADA workers to requests clarification.

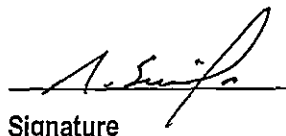
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating a consult to hearing aid specialist is placed, with compliance date of 10/15/2024, awaiting clinic appointment date from provider. You are to be scheduled on the soonest available appointment date. Healthcare records from 1/30/2024-present indicate no missed appointments.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate: AUG 09 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 990266	DATE RECEIVED BY STAFF: JUL 10 2024 OF GRIEVANCES
TALK TO STAFF IF YOU HAVE AN EMERGENCY DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.		
INMATE'S NAME (Print) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	CDCR NUMBER <div style="background-color: black; width: 100%; height: 1.2em;"></div>	ASSIGNMENT <div style="background-color: black; width: 100%; height: 1.2em;"></div>
HOUSING <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process; not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? (last month) ① My hearing aids were lost when I transferred from Facility F. I've asked for new ones, but I haven't yet seen the audiologist. I would like a Super Ear as an interim. I asked for one in January (see 1824 24-506998) because my last one was stolen. I think there was a miscommunication because the RAP said I could do a one-for-one exchange, but I didn't have one to exchange.		
WHY CAN'T YOU DO IT? ② I have trouble hearing announcements. It is especially difficult I am deaf in my right ear, and to hear announcements in the building I have hearing loss in my left ear.		
WHAT DO YOU NEED? ③ I would like a replacement Super Ear - it worked well for me before. ④ I would like a vibrating watch to remind me of appointments so I can be on-time and aware of my appointments.		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available:		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
<div style="background-color: black; width: 100%; height: 1.2em;"></div> INMATE'S SIGNATURE		7-9-24 DATE SIGNED
Assistance in completing this form was provided by: Prison Law Office <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Last Name</div> <div style="width: 30%;">First Name</div> <div style="width: 30%;">Signature</div> </div>		

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 590266

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 7 / 10 / 2024

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

☐ Yes / Unsure (Complete Steps 2 &/or 3)

☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED] SSA
Person Completing Step 1

[REDACTED]
Title

7 / 10 / 2024
Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 7 / 10 / 2024

Due back to IAC: 7 / 11 / 2024

Returned to IAC: 07 / 11 / 24

Assigned to: Facility G

Title: FTS

Information needed: Advise the inmate they may purchase replacement. If inmate is okay with being charged for replacement provide them with a new PSAD.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: Location:

Interviewer notes:

Staff Interviewed: [REDACTED] Title: Comp Sgt Interview date: 07 / 11 / 24

Interviewer Notes: 4m was issued a pocket talker in 1:1 exchange

Staff Interviewed: Title: Interview date: / /

Interviewer Notes: I/M previously discussed this request with the Compliance Lieutenant. [REDACTED] advised the Compliance Lt that he was willing to pay for a replacement PSAD. A chrono cannot be located so [REDACTED] will be offered that opportunity again. Per memo titled, "issuance of vibrating watches as a reasonable accommodation for permanent hearing-impaired, impacting placement incarcerated persons," the inmate's request for a

Notes: will be reviewed by the RAP. If request is disapproved, vibrating watches were made available for the incarcerated population to purchase via the quarterly package process on 7/1/2024. Forward to HC for input

transd status of hearing aids

[REDACTED]
Interviewer (Print Name)

AUSA
Title

07 / 11 / 24
Date Completed

DRAFT

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 590266

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☐ An Interim Accommodation **IS NOT** required.

Reason: _____

☐ An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided: _____

Date provided: _____

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

Person Completing Step 3_____
Title_____
Signature____/____/____
Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

DPP Disability/Accommodation Summary

Wednesday July 10, 2024 10:17:18 AM

As of: 07/10/2024

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility G

Housing Area/Bed: G 003 [REDACTED]

Placement Score: 48

Custody Designation: Medium (A)

Housing Program: Non-Designated Program Facility

Housing Restrictions: Lower/Bottom Bunk Only

Physical Limitations to

Job/Other:

EOP Accommodation

Recommendations

As Of 06/12/2024:

DISABILITY ASSISTANCE

Current DDP Status: NCF

DDP Adaptive: None

Support Needs:

Current DDP Status Date: 02/12/2003

DPP Codes: DNH

DPP Determination Date: 11/03/2023

Current MH LOC: CCCMS

Current MH LOC Date: 05/17/2019

SLI Required: No

Interview Date: 01/27/2022

Primary Method(s) - Hearing Aids

Hearing:

Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly

Non-Formulary

Accommodations/Comments:

Learning Disability:

Initial Reading Level: 08.0

Initial Reading Level Date: 06/10/2015

Durable Medical Equipment: Hearing Aid

Canes

Crutches

Eyeglass Frames

Foot Orthoses

Hearing / Mobility Impaired Disability Vest

Other (Include in Comments)

Partial Lower Denture - Acrylic

Partial Upper Denture - Acrylic

Therapeutic Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 12/12/2000

Last Returned Date:

Release Date: 03/08/2015

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start Date:

Status:

Position #:

Position Title:

Regular Days On:

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CDC-128B (Rev. 6/23)

CDCR 128B GENERAL CHRONO DURABLE MEDICAL EQUIPMENT TRANSFER INVENTORY

On this date, inmate [REDACTED] CDCR # [REDACTED] was moved from Facility F-1 to G-3. After verification through Strategic Offender Management System (SOMS), SOMS Oracle Reporting, and an inventory of the Durable Medical Equipment (DME) in the inmate's possession, the following DME were transferred with the inmate to the receiving facility:

- | | | |
|---|---|--|
| <input type="checkbox"/> NO APPLIANCES | <input type="checkbox"/> Brace _____ | <input checked="" type="checkbox"/> Cane __Wooden__Blind |
| <input type="checkbox"/> Bi-Pap Machine | <input type="checkbox"/> Crutches | <input type="checkbox"/> Vision Vest |
| <input type="checkbox"/> Dressing/Catheter/Colostomy Supplies | <input type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Wheelchair |
| <input checked="" type="checkbox"/> Hearing Aid | <input checked="" type="checkbox"/> Hearing Vest | <input type="checkbox"/> Wheelchair Gloves |
| <input type="checkbox"/> Eyeglasses (Prescription) | <input type="checkbox"/> Shoes/Boots (Orthotic) | <input type="checkbox"/> Limb/Prosthesis/Orthotics |
| <input type="checkbox"/> Mobility Vest | <input type="checkbox"/> Walker | <input type="checkbox"/> Pocket Talker |
| <input type="checkbox"/> Burn Garments | <input type="checkbox"/> C-PAP Machine & Supplies | <input type="checkbox"/> Diabetic Supplies |
| <input type="checkbox"/> Helmet | <input type="checkbox"/> Wheelchair cushion | <input type="checkbox"/> Batteries for hearing aids |

☐ Other -- specify _____

Discrepancies/Missing/Comments: missing eyeglasses - from previous prison. Dentures lost in AD SEG from previous prison

F FACILITY [REDACTED]

Sending Facility Print/Sign

5.23.24

Date

[REDACTED]

5-23-24

Date

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE

[REDACTED]

5-23-24

Date

Distribution: Case Records
Sending Facility
Receiving Facility
Health Information Management
Inmate

**Disability Verification Process (DVP)
Worksheet
SIDE 1**

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 590266
CDCR NUMBER [REDACTED]	

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review: ☒ Health care review ☐ Mental Health review ☐ Education / learning disability review
☐ Other review: _____

☐ File Review conducted. Documents obtained:
☐ CDCR 1845 dated: ___/___/___ ☐ CDCR 7410 dated: ___/___/___ ☐ CDCR 128-C2: dated: ___/___/___
☐ CDCR 7536 dated: ___/___/___ ☐ CDC 7221-DME dated: ___/___/___
☐ CDCR 128-C3: dated: ___/___/___ ☐ CDCR 7386: dated: ___/___/___ ☐ CDCR 7388: dated: ___/___/___
☐ Other: _____ dated: ___/___/___ ☐ Other: _____ dated: ___/___/___

☐ Recently evaluated for this issue. Date seen: ___/___/___

☐ Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: ☒ Yes ☐ No ☐ Unable to Determine

DPP: DNH

Summary of findings: DME: temporary cane, temporary crutches, disability vest, eyeglasses, foot orthoses, hearing aid, therapeutic shoes, temporary left walking boot, partial upper and lower dentures

Summary of limitations: bottom bunk

Comments: A consult to Hearing Aid Specialist is placed, with compliance date of 10/15/2024; awaiting clinic appointment date from provider. The patient is to be scheduled on the soonest available appointment date.


Signature of Subject Matter Expert

7/23/24
Date Signed

Exhibit 33

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <u>SQ</u>	LOG NUMBER (Staff Use Only) <u>511002</u>	DATE RECEIVED BY STAFF: JAN 25 2024
<p>TALK TO STAFF IF YOU HAVE AN EMERGENCY</p> <p>DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.</p>		

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT <u>N/A</u>	HOUSING <u>2-A</u> [REDACTED]
-------------------------------------	---------------------------	--------------------------	----------------------------------

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I'm deaf (DPH) Don't know sign language. My way of communication is for me to read notes or text and I will speak back. On the telecommunication system I can't have a one on one conversation with the Dr. The iPad they issued me does not pick up words or sentences ^{in complete} form or is wrong so I don't understand what is said.

WHY CAN'T YOU DO IT?

There is no close captioning set up on the system for me to read. I have to wait for nurse to write the notes each time the Dr. is talking and many times the writing is hard to read, and feel I'm not getting questions and is slower than reading text. Maybe having to write too fast.

WHAT DO YOU NEED?

I need the telecommunication system set up with close caption (live) so when I go to the appointment I can communicate with the Dr. one on one. This has been done once before and I was able to understand everything and the appointment didn't take as long. Like I said my iPad does not pick up every word or sentence and gives words that are not spoken.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes ☐ No ☒ Not Sure ☐

List and attach documents, if available:

medical records show my disability and explain hearing aids don't work due to damage of my hearing

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[REDACTED] **SURE**1-24-2024
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/14/2024

Date IAC Received 1824: 1/25/2024

1824 Log Number: SQ-A-24-511002

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A2 [REDACTED]

RAP Staff Present: R. Rosalez, ADA Coordinator; Dr. M. Ashe, Chief Physician & Surgeon; [REDACTED] Assoc. Governmental Program Analyst; [REDACTED] Health Care Compliance Analyst, CCHCS; [REDACTED] Correctional Counselor II (Specialist), Office of Grievances; [REDACTED], Supervisor Registered Nurse III; [REDACTED] Office Assistant OOG; [REDACTED] ADA Office Technician; Dr. [REDACTED] Psychologist-Clinical (CF); [REDACTED] CAMU CCII; [REDACTED] Correctional Counselor II Specialist Supervisor; [REDACTED] Assoc. Governmental Program Analyst

Summary of Inmate's 1824 Request: IP requesting that his telecommunication appointments with his doctor (tele-med) be closed captioned.

Interim Accommodation:☒ Interim accommodation not provided**RAP RESPONSE:**

RAP is able to render a final decision on the following: IP requesting that his telecommunication appointments with his doctor (tele-med) be closed captioned.

You are identified as DPH which is disability recognized in the Armstrong vs. Newsom Court-Ordered Remedial Plan. It is noted you are not a participant in the Mental Health Services Delivery System (MHSDS). The RAP notes you have a TABE score of 9.8 on file.

Per Medical Disability Verification Process (DVP) Worksheet dated 1/31/24 you have a DPH DPP code and use written noted as primary hearing accommodation. It is noted you have failed hearing aids and have been seen by ENT on 1/10/24 for progressive hearing loss and have been referred to Audiology for formal audiogram with a compliance date of 4/15/24. Currently pending results of audiogram. Additionally, you may be referred to cochlear implant.

The RAP notes that the telemed equipment used by CCHCS currently is not capable of producing closed captioning. However, to ensure that effective communication is reached using your primary method of communication, which is written notes, staff shall allow ample time to allow the content being delivered to be written legibly. If the information provided to you is not legible, you may request that staff type the content into a Word document for you to ensure effective communication.

Direction if dissatisfied: If you disagree with a medical diagnosis or treatment decision on which the Reasonable Accommodation Panel (RAP) relied in reaching its conclusion, you can file a blue CDCR 602 Health Care Grievance. Other disagreements with disability access or disability discrimination decisions should be filed on a green CDCR 602. Ensure you attach a copy of this response along with your CDCR 1824 as supporting documents.

EFFECTIVE COMMUNICATION: A review of SOMS reveals that you are identified as DPH, therefore, you do require special accommodation to achieve effective communication.

R. Rosalez

ADA Coordinator/Designee



Signature

Date sent to inmate:

FEB 23 2024

Exhibit 34

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/21/2024

Date IAC Received 1824: 2/15/2024

1824 Log Number: 520917

Inmate's Name: [REDACTED]

CDCR # [REDACTED]

Housing: A1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED] Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports they cannot hear the P.A. system; Inmate requests a banner reader that captions what the announcements are saying.

Interim Accommodation:

☒ No interim accommodation required: You are currently designated Hearing Impaired, Not Impacting Placement (DNH) and accommodated with hearing aids and a pocket talker.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports they cannot hear the P.A. system; Inmate requests a banner reader that captions what the announcements are saying.

Response: On 2/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 2/15/2024, review of Strategic Offender Management System (SOMS) indicates you are DNH with primary Effective Communication (EC) of needs staff to speak loud and clear and alternate of hearing aids. As of 1/4/2024, you have been accommodated with a pocket talker.

Your request was forwarded to the Central Screening Team (CST) for review. The CST identified your claim regarding program and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate: MAR 12 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 520917	DATE RECEIVED BY STAFF: FEB 15 2024 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT [REDACTED]
HOURS A1- [REDACTED]		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? I cannot understand what the Public Announcement System is saying. III II I		
WHY CAN'T YOU DO IT? I am DNH and have trouble making out the words. II I		
WHAT DO YOU NEED? I need effective communication of announcements. It would be helpful to have a banner reader somewhere that captions what the announcement is saying. III II I		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: Look at SOMS III		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved. [REDACTED]		
Assistance in completing this form was provided by: Prison Law Office		02-14-2024 DATE SIGNED
Last Name	First Name	Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 520917

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 02 / 15 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care a [REDACTED] safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED] AGPA [REDACTED] 02 / 15 / 24
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: A REVIEW OF SOMS INDICATES I/M IS DNH WITH PRIMARY EC OF NEEDS STAFF TO SPEAK LOUD AND CLEAR AND ALTERNATE OF HEARING AIDS. AS OF 01/04/2024, I/M HAS BEEN ACCOMMODATED WITH A POCKET TALKER.

Interviewer (Print Name)

Title

Signature

____ / ____ / ____
Date Completed

DRAFT

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 520917

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☐ An Interim Accommodation **IS NOT required**.

Reason: _____

☐ An Interim Accommodation **IS required**.

Reason: _____

Accommodation(s) provided: _____

Date provided: _____

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

[REDACTED]
Person Completing Step 3

AGPA

Title

Signature

02 / 16 / 24

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED]

PID #: [REDACTED]

CHSS035C

DPP Disability/Accommodation Summary

Thursday February 15, 2024 02:23:46 PM

As of: 02/15/2024

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility A
 Housing A 001 1/001007L
 Area/Bed:
 Placement 32
 Score:
 Custody Medium (A)
 Designation:
 Housing Non-Designated Program Facility
 Program:
 Housing Ground Floor-No Stairs
 Restrictions: Lower/Bottom Bunk Only
 Physical Limited Wheelchair User
 Limitations to Permanent - 12/31/9999
 Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive None
 Support Needs:
 Current DDP Status Date: 11/07/2002
 DPP Codes: DPO, DNH
 DPP Determination Date: 10/16/2019
 Current MH LOC: CCCMS
 Current MH LOC Date: 12/26/2003
 SLI Required: No
 Interview Date: 05/09/2022
 Primary Method(s) - Hearing: Need Staff to Speak
 Loudly and Clearly
 Alternate Method - Hearing: Hearing Aids
 Non-Formulary Per 128B dated 5/5/2022.
 Accommodations/Comments: TimeStamp: 9 May 2022
 15:49:59 --- User:
 [REDACTED]
 Learning Disability:
 Initial Reading Level: 11.2
 Initial Reading Level Date: 06/06/2001
 Durable Medical Equipment: Hearing Aid
 Back Braces
 Compression Stocking
 Canes
 Mobility Impaired
 Disability Vest
 Eyeglass Frames
 Night Guard
 Wheelchair
 Languages Spoken:

IMPORTANT DATES

Date Received: 11/07/1990
 Last Returned Date: 01/26/1996
 Release Date: 08/14/2038
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start Date:
 Status:
 Position #:
 Position Title:
 Regular Days On:

Exhibit 35

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/10/2024

Date IAC Received 1824: 1/4/2024

1824 Log Number: 500990

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Physician and Surgeon [REDACTED], Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Staff Services Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate requests Over The Ear Headphones (OTEH), a Personal Sound Amplification Device (PSAD), and an iPad/iPhone with speech to text technology.

Interim Accommodation:

☒ No interim accommodation required: You were issued a PSAD on 1/4/2024.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate requests Over The Ear Headphones (OTEH), a Personal Sound Amplification Device (PSAD), and an iPad/iPhone with speech to text technology.

Response: On 1/10/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

On 1/5/2024, you were issued a PSAD by a Field Training Sergeant (FTS). Please be advised, Field Training Sergeants (FTS) can complete battery exchanges on a one for one basis. You were issued Over The Ear Headphones (OTEH) while you were housed at VSP.

You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, and access to the caption phone. Your current Effective Communication (EC) methods of staff speaking loudly and clearly and hearing aids are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to Inmate:

FEB 01 2024

INSTITUTION (Staff use only) satf		LOG NUMBER (Staff Use Only) 500990		DATE RECEIVED BY STAFF: CSATF OFFICE JAN 04 2024	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC					
INMATE'S NAME (Print) [REDACTED]		CDCR NUMBER [REDACTED]		ASSIGNMENT 0	OF GRIEVANCES 41
INSTRUCTIONS: <ul style="list-style-type: none">You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.Submit this form to the Custody Appeals Office.The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).					
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? I Filed an GA-22 to medical asking for Headphones for the GTL Tablet, a Pocket Talker (PSAPs) and iPad or iPhone for speech-to-text technology over 10 days ago because I am DHH and these 3 things would help with my hearing problem. "A" yard medical has not response.					
WHY CAN'T YOU DO IT? Because "A" yard Medical has not responded to my request. I will submit another GA-22 today.					
WHAT DO YOU NEED? 1.) Headphones for the GTL Tablet 2.) A Pocket Talker (PSAPs) 3.) An iPad or iPhone, with speech-to-text technology (Use the back of this form if more space is needed)					
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: S.O.M.S.					
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved. [REDACTED] INMATE'S SIGNATURE 1-3-2024 DATE SIGNED					
Assistance in completing this form was provided by: _____ Last Name First Name Signature					

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: CDCR #: CDCR 1824 Log #: 500990

STEP 1 INTERIM ACCOMMODATION ASSESSMENTDate CDCR 1824 received by IAC: 01 / 04 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care ap ive safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

 AGPA 01 / 04 / 24
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: 01 / 04 / 24 Due back to IAC: 01 / 05 / 24 Returned to IAC: 01 / 05 / 24

Assigned to: FACILITY A Title: FTS

Information needed: PLEASE ISSUE I/M A POCKET TALKER.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: Location:

Interviewer notes:

Staff Interviewed: Title: FTS Interview date: 01 / 05 / 24

Interviewer Notes: I/M WAS ISSUED A POCKET TALKER ON 01/04/24

Staff Interviewed: Title: Interview date: / /

Interviewer Notes:

Notes: A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH. ADAC APPROVES ISSUANCE OF POCKET TALKER. I/M WAS ISSUED OTEH ON 06/12/2023 WHILE HOUSED AT VSP. I/M HAS PRIMARY EC OF STAFF SPEAKING LOUDLY AND CLEARLY AND ALT EC OF HEARING AIDS. ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS.

 AGPA 01 / 05 / 24
 Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 500990

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☐ An Interim Accommodation **IS NOT required**.

Reason: _____

☐ An Interim Accommodation **IS required**.

Reason: _____

Accommodation(s) provided: _____

Date provided: _____

Comments: _____

[REDACTED]
Person Completing Step 3AGPA
Title_____
Signature

01 / 05 / 24

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Thursday January 04, 2024 12:34:08 PM

As of: 01/04/2024 ➡

OFFENDER/PLACEMENT

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility A
 Housing A 001 [REDACTED]
 Area/Bed:
 Placement 32
 Score:
 Custody Medium (A)
 Designation:
 Housing Non-Designated Program Facility
 Program:
 Housing Ground Floor-No Stairs
 Restrictions: Lower/Bottom Bunk Only
 Physical Limited Wheelchair User
 Limitations to Permanent - 12/31/9999
 Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive: None
 Support Needs:
 Current DDP Status Date: 11/07/2002
 DPP Codes: DPO, DNH
 DPP Determination Date: 10/16/2019
 Current MH LOC: CCCMS
 Current MH LOC Date: 12/26/2003
 SLI Required: No
 Interview Date: 05/09/2022
 Primary Method(s) - Hearing: Need Staff to Speak
 Loudly and Clearly
 Alternate Method - Hearing: Hearing Aids
 Non-Formulary Per 128B dated
 Accommodations/Comments: 5/5/2022.
 TimeStamp: 9 May 2022
 15:49:59 --- User: [REDACTED]
 Learning Disability:
 Initial Reading Level: 11.2
 Initial Reading Level Date: 06/06/2001
 Durable Medical Equipment: Hearing Aid
 Compression Stocking
 Canes
 Eyeglass Frames
 Night Guard
 Wheelchair
 Languages Spoken:

IMPORTANT DATES

Date Received: 11/07/1990
 Last Returned Date: 01/26/1996
 Release Date: 08/14/2038
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start Date:
 Status:
 Position #:
 Position Title:
 Regular Days On: